

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 500902

Current Balance: 330 00

Holder

Name: TUCKER ELLIS & WEST LLP

Address

Attention: VALERIE SALVINO

Street: 925 EUCLID AVENUE

SUITE 1100

Province:

City: CLEVELAND

State: OH

Postal Code: 44115

Country: US

Telephone: 216-592-5000

Fax: 216-592-5009

Details

Category Code:

NONGOVNMNT

Type:

REGULAR

Notification Amt:

0.00

Status:

Active

Closed

Available Balance: 330.00

Print Monthly Statement

SSANDAR1 12/31/2008

Notice of Fee Due

Date: 12/31/08

Application Number: 10675071

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

***If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

- Insufficient payment by check or money order.
- Insufficient funds in deposit account at 11:07 AM (time)
- Insufficient payment by credit card.
- Declined credit card.
- No authorization to charge a deposit account.

| | | |
|----------------------------|---------------------------|---------------------------|
| Fee code(s) to be applied: | <u>1501</u> | <u>\$1510</u> |
| | <u>1504</u> | <u>\$300</u> |
| | <u> </u> | <u> </u> |

| | | |
|-----------------------------|---------------------------|------------------------------|
| Amount in holding fee code: | <u> </u> | <u>\$ </u> |
| | <u>1506</u> | <u>\$ </u> |
| | <u>1622/2622</u> | <u>\$0 </u> |
| | <u>1999</u> | <u>\$ </u> |

| | | |
|-------------------------------------|---------------------------|---------------------------------|
| Total remaining due from applicant: | <u> </u> | <u>\$1810 </u> |
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RAM Operator: _____